

**Amendments to the Claims**

This listing of claims will replace all prior versions, and listings, of claims in the application:

**Listing of Claims**

1. (PREVIOUSLY PRESENTED) A surgical instrument for accessing first and second pedicle locations of a spinal column, the surgical instrument comprising:
  - a) a portal member having an elongated aperture;
  - b) a blade member slidably positionable within the elongated aperture of the portal member, the blade member including a blade end; and
  - c) a placement wire having a first end positionable at one of the first and second pedicle locations, the blade member being slidably positionable over the placement wire with the placement wire received within at least a portion of the blade member;
  - d) wherein the elongated aperture of the portal member is sized to provide simultaneous access to each of the first and second pedicle locations when the blade member is removed from the elongated aperture of the portal member.
  
2. (PREVIOUSLY PRESENTED) A surgical instrument for providing an access opening to spinal column area, the surgical instrument comprising:
  - a) a first wire and a second wire for locating an access opening site;
  - b) an incremental opening arrangement having a plurality of nested members, the plurality of nested members including at least:
    - i) a dissector member slidably positionable over the first and second wires with the first and second wires being received within at least a portion of the dissector member, the first dissector member configured to provide an access opening at the access opening site;
    - ii) a sleeve member slidably positionable over the dissector member, the sleeve member being sized and configured to expand the opening area of the access opening at the access opening site.

3. (ORIGINAL) The surgical instrument of claim 2, wherein the sleeve member includes an elongated aperture configured to provide access to the spinal column area.
4. (ORIGINAL) The surgical instrument of claim 2, wherein the sleeve member is a second sleeve member and the plurality of nested members further includes a third sleeve member and a fourth sleeve member, each of the nested members being configured to incrementally expand the opening area of the access opening at the access opening site.
5. (ORIGINAL) The surgical instrument of claim 4, wherein the second sleeve member includes a stop structure, the second sleeve member configured to slide in a first direction relative to the dissector member until the stop structure of the second sleeve member engages the dissector member.
6. (ORIGINAL) The surgical instrument of claim 5, wherein the stop structure of the second sleeve member is configured to interconnect the dissector member and the second sleeve member when the dissector member is slid in a second direction opposite the first direction.
7. (ORIGINAL) The surgical instrument of claim 6, wherein the stop structure of the second sleeve member includes pins positioned to engage shoulders of the dissector member.
8. (ORIGINAL) The surgical instrument of claim 6, wherein the third sleeve member includes a stop structure, the third sleeve member being configured to slide in the first direction relative to the second sleeve member until the stop structure of the third sleeve member engages the second sleeve member.
9. (ORIGINAL) The surgical instrument of claim 5, wherein the stop structure of the third sleeve member is configured to interconnect the second sleeve member and the third sleeve member when the dissector member is slid in the second direction opposite the first direction.

10. (ORIGINAL) The surgical instrument of claim 6, wherein the stop structure of the third sleeve member includes pins positioned to engage notches of the second sleeve member.

11. (ORIGINAL) The surgical instrument of claim 4, wherein the dissector member, the second sleeve member, and the third sleeve member are slidably removable from the fourth sleeve member in a nested configuration.

12. (ORIGINAL) The surgical instrument of claim 3, wherein the sleeve member is an outer portal member, the elongated aperture being sized to access first and second pedicle locations at the spinal column area.

13. (PREVIOUSLY PRESENTED) The surgical instrument of claim 12, wherein the outer portal member includes first and second sleeve section selectively positionable in a retracted position and a distended position, the distended position expanding the access opening at the spinal column area.

14. (ORIGINAL) The surgical instrument of claim 13, wherein each of the first and second sleeve sections of the outer portal member are coupled to a collar at a pivot location, the sleeve sections being configured to pivot outward from the retracted position to the distended position to expand the access opening at the spinal column area.

15. (ORIGINAL) The surgical instrument of claim 14, wherein the outer portal member further includes a clamp plate, the clamp plate being configured to forcibly contact the first and second sleeve sections to pivot the sleeve sections outward to the distended position.

16. (PREVIOUSLY PRESENTED) A surgical instrument for accessing first and second pedicle locations of a spinal column, the surgical instrument comprising:

- a) at least a first guide wire having a first end selectively positionable at one of the first and second pedicle locations;
- b) a nested arrangement slidably positionable over the first guide wire, the nested arrangement including at least:

i) a blade member slidably positioned over the first wire with the first wire received within at least a portion of the blade member, the blade member including a blade end configured to provide an incisional opening; and

ii) an outer portal member configured to slide over the blade member for introduction into the incisional opening, the outer portal member having an elongated access aperture, the elongated aperture having a longitudinal dimension that corresponds to the distance between the first and second pedicle locations.

17. (ORIGINAL) The surgical instrument of claim 16, wherein the elongated aperture of the outer portal member simultaneously exposes the first and second pedicle locations of the spinal column.

18. (ORIGINAL) The surgical instrument of claim 16, wherein the blade member includes at least a first through hole extending along a first edge of the blade member, the first through hole being configured for receipt of the first guide wire.

19. (ORIGINAL) The surgical instrument of claim 18, wherein the surgical instrument includes a second guide wire, and wherein the blade member includes a second through hole extending along a second edge of the blade member, the second through hole being configured for receipt of the second guide wire.

20. (ORIGINAL) The surgical instrument of claim 16, wherein the nested arrangement further includes an inner portal member positionable within the elongated access aperture of the outer portal member, the inner portal member having an inner elongated aperture for introduction into the incisional opening, the inner elongated aperture being sized to incrementally expand of the incisional opening.

21. (ORIGINAL) The surgical instrument of claim 20, wherein the nested arrangement further includes an intermediate portal member positionable between the inner portal member and the outer portal member, the intermediate portal member having an intermediate

elongated aperture for introduction into the incisional opening, the intermediate elongated aperture being sized to incrementally expand the incisional opening.

22. (WITHDRAWN) A method of accessing first and second pedicle sites at a spinal column area, the method comprising:

a) providing a surgical tool including first and second wires and at least an outer portal member having an aperture and a blade member sized to fit within the aperture of the outer portal member;

b) positioning the first wire at the first pedicle site;

c) positioning the second wire at the second pedicle site;

d) placing the blade member over the first and second wires;

e) sliding the blade member along the first and second wires to a desired position, thereby providing an incisional opening; and

f) introducing the outer portal member into the incision opening and expanding the incision opening;

g) accessing the first and second pedicle sites at the spinal column area through the aperture of the outer portal member.

23. (WITHDRAWN) The method of claim 22, wherein the aperture of the outer portal member is an elongated aperture.

24. (WITHDRAWN) The method of claim 22, further including incrementally expanding the incision opening by:

a) positioning an inner portal member over the blade member and introducing the inner portal member into the incisional opening, the inner portal member providing a first access opening area that is incrementally greater than the incisional opening provided by the blade member; and

b) positioning an intermediate portal member over the inner portal member and introducing the intermediate portal member into the incisional opening, the intermediate portal member providing a second access opening area that is incrementally greater than the first access opening area provided by the inner portal member.

25. (WITHDRAWN) The method of claim 24, wherein each of the blade member, the inner portal member, and the intermediate portal member are interconnected members, the method further including removing the interconnected members from the aperture of the outer portal member for accessing the first and second pedicle sites at the spinal column area.